

Shrewsbury Public Schools

Student Last Name _____

First name _____ Middle Name _____

Gender ☐ Male ☐ Female Date of Birth _____ SS # _____

Home Phone Number (508)- _____ Entering Grade Level _____

Street Address _____

Previous Home Street Address _____

City _____ State _____ Zip _____ Phone # _____

Students City of Birth _____ State of Birth _____ Visa Status (if applicable) _____

Student's Country of Origin _____ First Native Language _____

Race (check one): ☐ American Indian or Native Indian ☐ Asian or Pacific Islander

☐ Black ☐ White ☐ Hispanic

Name of Last School Attended _____

Street Address _____

City _____ State _____ Zip _____ Phone # _____

Has your child ever attended Shrewsbury Public Schools in the past? ☐ Yes ☐ No

If so, which school _____ which grades _____

Health Information

Dr. Name _____ Phone # _____

If there is any medication, medical history or allergies that the nurse should be aware of, please note:

Does the student have Health Insurance: ☐ Yes ☐ No

If No, does the student have a MASS Health Card (Medicaid)? ☐ Yes, Card # _____ ☐ No

Central Office Use Only

School Assignment _____

School District _____ Student ID# (LASID) _____ Date of Entry _____

Proof of Residency ☐ Yes ☐ No SASID # _____

Immunization Records ☐ Yes ☐ No Birth Certificate Verified ☐ Yes ☐ No

Report Card Received ☐ Yes ☐ No Central Office Signature _____ Date _____

Students live with:

☐ Both parents ☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather
☐ Foster parent ☐ Legal Guardian

☐ Other (Name) _____ Relationship to student _____

Mothers Name _____

Street Address (if different from students) _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Employer _____ Work # _____ Ext. _____

Fathers Name _____

Street Address (if different from students) _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Employer _____ Work # _____ Ext. _____

Stepmother's Name _____

Street Address (if different from students) _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Employer _____ Work # _____ Ext. _____

Stepfather's Name _____

Street Address (if different from students) _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Employer _____ Work # _____ Ext. _____

(Other) Legal Guardian's Name _____

Street Address (if different from students) _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Employer _____ Work # _____ Ext. _____

Emergency Contacts if Parent/Guardian is not available

Emergency Contact – Name _____

Relationship to Student _____

Home Phone # _____ Work # _____ Ext. _____

Cell Number _____

Emergency Contact – Name _____

Relationship to Student _____

Home Phone # _____ Work # _____ Ext. _____

Cell Number _____

Other children in family not being registered at this time:

Name	Gender	Date of Birth

Low Income Information

Do you believe the student may be eligible for free or reduced lunches? ☐ Yes ☐ No

If you have checked yes for free or reduced lunches, you must complete the form located in the Food Service Packet, and turn it in along with this registration form, or return it to:

Beth Nichols, Food Service Director, Shrewsbury High School, 64 Holden Street, Shrewsbury, MA 01545

Special Education/Accommodation Plans

Does this student have an Individualized Educational Plan (IEP)? ☐ Yes ☐ No

Does this student have a Section 504 Accommodation Plan? ☐ Yes ☐ No

ESL Service Information

Do you believe this student may be eligible for ESL services? ☐ Yes ☐ No

Title One Service Information

Do you believe this student may be eligible for Title One services? ☐ Yes ☐ No

I certify under the pains and penalties of perjury that the student and the parent/legal guardian reside in Shrewsbury. Shrewsbury does not participate in school choice. School Committee policy states that if it is found that Shrewsbury is not the legal residence, Shrewsbury may recover tuition from the parent/guardian. I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment. The federal government has ruled schools can be reimbursed through Medicaid for special education services. I give permission to use the students Mass Health Card # to bill for the special education services rendered.

Parent/Guardian Signature _____ Date _____